

Mechanical Contractor Examination Reschedule Application**127**

Michigan Department of Energy, Labor & Economic Growth

Bureau of Construction Codes / Mechanical Division

P.O. Box 30255, Lansing, MI 48909

517-241-9325

www.michigan.gov/bcc

Examination Fee: \$100.00 (nonrefundable)

Authority: 1984 PA 192

Completion: Mandatory

Penalty: Examination will not be given

DELEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

This is a written request to be rescheduled for the Mechanical Contractor Licensing Examination. This application must be accompanied by the fee prescribed. Enclose a check made payable to the **State of Michigan**.

Applicant Information

NAME (Last, First, Middle) No Initials		LICENSE NUMBER (if applicable)	
ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)
<input type="checkbox"/> I failed the examination _____ time(s). Date(s) of examination(s) _____			
<u>Examinations Failed</u>			
<input type="checkbox"/> Law		<input type="checkbox"/> 8. Unlimited refrigeration and air conditioning service	
<input type="checkbox"/> 1. Hydronic heating and cooling and process piping		<input type="checkbox"/> 9. Fire suppression	
<input type="checkbox"/> 2. HVAC equipment		<input type="checkbox"/> 10. Specialty license	
<input type="checkbox"/> 3. Ductwork		<input type="checkbox"/> a. Solar	
<input type="checkbox"/> 4. Refrigeration		<input type="checkbox"/> b. Solid fuel	
<input type="checkbox"/> 5. Limited heating service		<input type="checkbox"/> c. LP tank and pipe	
<input type="checkbox"/> 6. Unlimited heating service		<input type="checkbox"/> d. Underground tank and pipe	
<input type="checkbox"/> 7. Limited refrigeration and air conditioning service		<input type="checkbox"/> e. Gas piping	
		<input type="checkbox"/> f. Gas piping and venting	

Examination Location

Examinations are given at the sites listed below. Refer to the enclosed "Mechanical Contractor Examination Schedule" for examination dates. Please check below the site you wish to be examined at and indicate a preference of examination date. If approved for examination, an entrance card will be mailed to you approximately 10 days prior to the examination date. If the examination you have selected is full, you will be scheduled for the next available examination at your preferred site.

Preferred SitePreferred Date☐ Lansing Area☐ Escanaba☐ No Preference - Next Available Examination

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, submit written documentation from an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

Background Information

Have you been convicted of a felony or misdemeanor? ☐ No ☐ Yes

If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a mechanical contractor's license in the state of Michigan.

Conviction History

In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.

If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 1984 PA 192 and will be used to process your application. Attach additional sheet(s) if necessary.

YOUR NAME WHEN CONVICTED

INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED

DATE(S) OF CONVICTION(S) AND SENTENCE(S)

NAME AND ADDRESS OF SENTENCING COURT(S)

CHECK YES OR NO TO THE FOLLOWING

1. Are you a current inmate? ☐ Yes ☐ No

2. Are you currently on probation / parole? ☐ Yes ☐ No

3. If yes, provide the name, address and telephone number of the correctional facility, probation officer, or parole officer.

RELEASE DATE FROM CUSTODY, PROBATION, OR PAROLE

REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED

Conviction History Certification and Signature (To be signed only if Conviction History section above is completed)

I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow the Bureau of Construction Codes to contact appropriate agencies regarding my record of conviction(s).

SIGNATURE

DATE

Certification and Signature (MUST BE SIGNED BY ALL APPLICANTS)

I hereby certify the information is true and accurate to the best of my knowledge.

SIGNATURE

DATE